

She reported numbness, stiffness, and pain in her hands and wrists, which had progressively worsened since May 2012. Appellant's left hand was more symptomatic than her right.

In a May 22, 2013 attending physician's report, CA-20 form, Dr. George Zanos, a Board-certified orthopedic surgeon with a subspecialty in hand surgery, diagnosed bilateral CTS, which he attributed to employment-related repetitive activity and fine manipulation. He recommended surgery.

In a May 31, 2013 development letter, OWCP advised appellant that the medical evidence was insufficient to establish that her bilateral CTS was caused or aggravated by her employment. It afforded her at least 30 days to submit additional medical evidence in support of her occupational disease claim.

OWCP subsequently received the results of a November 5, 2012 electromyography and nerve conduction study (EMG/NCV), which revealed bilateral median nerve entrapment -- left more than right, consistent with CTS.

Dr. Katherine J. Herdzik, a family practitioner, submitted a May 28, 2013 attending physician's report, CA-20 form. She diagnosed bilateral CTS, which was noted to have been caused or aggravated by an employment activity. Dr. Herdzik explained that appellant was a carrier who sorted mail in the morning and delivered mail in the afternoon, and that her symptoms worsened with repetitive hand motions sorting mail. She further explained that appellant's symptoms abated with time off from work.

OWCP also received a June 11, 2013 CA-20 form from Dr. Justin M. Ferrara, a Board-certified orthopedic surgeon. He diagnosed bilateral CTS. Dr. Ferrara noted that appellant advised that her condition "[c]ame on with duties of employment." He checked the "Yes" box on the CA-20 form indicating that it was his belief that the diagnosed condition was caused or aggravated by an employment activity. Dr. Ferrara also provided a two-page narrative report dated June 11, 2013. He noted that appellant was a postal carrier who complained of numbness and tingling for the past year. Dr. Ferrara also noted that she "feels that her duties of employment ... have caused this and have made it worse." Appellant denied any specific injury at work and stated that she had not missed any time from work because of her condition. She informed Dr. Ferrara that this was a workers' compensation claim. Dr. Ferrara diagnosed bilateral CTS and recommended bilateral surgical releases to be performed separately. In the interim, he advised that appellant could continue working at her prior level of employment.

In a decision dated August 23, 2013, OWCP denied appellant's occupational disease claim because the medical evidence failed to establish a causal relationship between her rural carrier duties and her diagnosed bilateral CTS.

Appellant timely requested reconsideration and submitted an October 2, 2013 report from Dr. Ferrara, who indicated that he had a long discussion with appellant regarding her symptoms and the employment activities that specifically brought on her symptoms. Dr. Ferrara noted that there was not any one specific event or injury that occurred. Appellant stated that activities which require repetitive motion and tasks involving the fingers, hand, and wrist caused her symptoms. These activities included collecting mail from around the office, unbinding bundled

flats using scissors to cut plastic bands or wrap them while holding them in the left hand, grasping and cutting flats and inserting into cells in the mail case, holding bundles with the hand and the fingers, and having to grasp and insert raw letters into the cells of mail. In addition to holding bundles of mail, appellant reported having to place letters in curbside boxes, and hold bundles with the left arm and fingers, and grasping and inserting raw letters into cluster boxes, pulling mail from cells, pushing carts with a full day's worth of mail to the truck, loading the truck, and on-street delivery including opening a mailbox with the right hand, grasping the mail with the left, and passing to the right hand to insert in the mailbox as well as cluster box delivery. All of these activities seemed to bring on and worsen appellant's symptoms.

Dr. Ferrara reiterated his diagnosis of bilateral CTS, and continued to recommend carpal tunnel releases. He concluded his October 2, 2013 report with the following statement: "I ... feel with a high degree of medical certainty that this [CTS] is causally related to [appellant's] duties of employment which were outlined ... above."

By decision dated January 6, 2014, OWCP reviewed the merits of appellant's claim, but denied modification of the August 23, 2013 initial denial. It found Dr. Ferrara's October 2, 2013 report insufficient to establish causal relationship. Although Dr. Ferrara indicated that appellant's CTS was work related, he failed to provide an explanation as to how he arrived at this conclusion.

On June 2, 2014 appellant's counsel requested reconsideration. Counsel submitted a September 12, 2013 amended copy of Dr. Ferrara's original June 11, 2013 treatment notes. He also resubmitted Dr. Ferrara's October 2, 2013 report.

The September 12, 2013 addendum reads in relevant part:

"[It] was felt that this is a Workers' Compensation issue as this syndrome developed and the symptoms developed through [appellant's] duties of employment and she had not experienced them outside of her duties of employment. [Appellant] does a significant amount of repetitive motion in regards to use of the hands, and this does significantly exacerbate her symptoms. In my medical opinion with a high degree of medical certainty, I do feel that her [CTS] is work related...."

OWCP again reviewed the merits of appellant's claim, but denied modification in an August 28, 2014 decision. It found that Dr. Ferrara noted a temporal relationship between her symptoms and her employment duties, but did not otherwise provide a rationalized explanation of how her employment duties caused her bilateral CTS.

LEGAL PRECEDENT

A claimant seeking benefits under FECA has the burden of establishing the essential elements of her claim by the weight of the reliable, probative, and substantial evidence, including

that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.²

To establish that an injury was sustained in the performance of duty, a claimant must submit: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the diagnosed condition is causally related to the identified employment factors.³

ANALYSIS

Appellant claims that her bilateral CTS is employment related. OWCP has denied her occupational disease claim on the basis that the medical evidence did not adequately establish a causal relationship between the diagnosed condition and her duties as a rural carrier. The earliest diagnostic evidence of appellant's bilateral CTS appears to be the November 5, 2012 EMG/NCV. However, the physician who interpreted the study did not address causal relationship.

In his May 22, 2013 attending physician's report, CA-20 form, Dr. Zanos diagnosed bilateral CTS, which he attributed to employment-related repetitive activity and fine manipulation. He also noted that, when on vacation, appellant had no symptoms. Dr. Zanos did not identify her as a rural carrier or otherwise exhibit any particular knowledge of her employment duties. A physician's opinion must be based on a complete factual and medical background, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.⁴

In finding appellant's bilateral CTS employment related, Dr. Herdzik noted that appellant "reports" her symptoms worsened with repetitive hand motions sorting mail. She also noted that appellant gets a bit of relief from symptoms with time off from work. In her May 28, 2013 report, CA-20 form, Dr. Herdzik described appellant's carrier duties as sorting in the morning and delivering in the afternoon. In this regard, she exhibited a very limited knowledge of appellant's rural carrier duties, and she appears to have based her opinion solely on appellant's

² 20 C.F.R. § 10.115(e), (f) (2014); see *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996). Causal relationship is a medical question, which generally requires rationalized medical opinion evidence to resolve the issue. See also *Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on whether there is a causal relationship between the diagnosed condition and the implicated employment factors must be based on a complete factual and medical background. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.

³ *Victor J. Woodhams, id.*

⁴ *Id.*

representation regarding the cause of her symptoms. The May 28, 2013 CA-20 form does not constitute a rationalized medical opinion on causal relationship.⁵

Dr. Ferrara's June 11, 2013 CA-20 form did not include an explanation regarding causal relationship. He merely checked the "Yes" box (No. 8) indicating that it was his opinion that the condition found was caused or aggravated by an employment activity. The Board has consistently held that merely placing a checkmark in the "Yes" box on a questionnaire form (8) will not suffice for purposes of establishing causal relationship.⁶ Dr. Ferrara's initial June 11, 2013 treatment notes also failed to include an explanation regarding causal relationship. At the time, he noted that appellant denied any specific injury at work. Dr. Ferrara also reported that she "feels that [appellant's] duties of employment ... have caused this and have made it worse." He did not express an opinion independent of appellant's personal belief that her condition was employment related.

In his September 12, 2013 addendum, Dr. Ferrara stated that he felt appellant's bilateral CTS was a workers' compensation issue because her symptoms and condition developed through her employment, and she had not experienced them outside of her employment. He described her job as involving a significant amount of repetitive motion in regards to use of the hands. At the time, Dr. Ferrara did not exhibit a thorough understanding of appellant's rural carrier duties. Furthermore, he merely described a temporal relationship between her work and the onset/abatement of her bilateral hand and wrist symptoms. The fact that a condition manifests itself during a period of employment is not sufficient to establish causal relationship.⁷ A mere temporal relationship between the employment activity and the reported symptoms will not suffice.⁸

Dr. Ferrara's latest report, dated October 2, 2013, incorporated appellant's detailed account of her "repetitive motion and tasks," such as collecting mail, unbinding flats, holding bundles of mail, and placing letters in curbside boxes. He noted that all of the reported activities seemed to bring on and worsen her symptoms. Dr. Ferrara concluded that appellant's CTS was causally related to her described employment duties. Although he was aware of her various duties as a rural carrier, he failed to explain how these reported activities caused or contributed to her bilateral CTS. As previously indicated, it is not enough to merely conclude that a condition is employment related. A physician's opinion must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.⁹

⁵ *Id.*

⁶ *See D.D.*, 57 ECAB 734, 739 (2006); *Deborah L. Beatty*, 54 ECAB 340, 341 (2003).

⁷ 20 C.F.R. § 10.115(e).

⁸ *See D.I.*, 59 ECAB 158, 162 (2007). The fact that a condition manifests itself during a period of employment does not raise an inference of causal relationship.

⁹ *Victor J. Woodhams*, *supra* note 2.

The above-noted medical evidence is insufficient to establish a causal relationship between appellant's rural carrier duties and her bilateral CTS. Moreover, her belief that factors of employment caused or aggravated her condition is insufficient, by itself, to establish causal relationship.¹⁰ Accordingly, the Board finds that appellant failed to establish that her bilateral upper extremity condition is employment related.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision.¹¹

CONCLUSION

Appellant failed to prove that she sustained an injury in the performance of duty on or about May 1, 2012.

ORDER

IT IS HEREBY ORDERED THAT the August 28, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 25, 2015
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

¹⁰ 20 C.F.R. § 10.115(e); *Phillip L. Barnes*, 55 ECAB 426, 440 (2004).

¹¹ 5 U.S.C. § 8128(a); 20 C.F.R. §§ 10.605-10.607.